



GUAM WAR CLAIMS REVIEW COMMISSION

SURVIVOR'S QUESTIONNAIRE

Instructions: This questionnaire is for use by survivors of the World War II taking and occupation of Guam by Japanese forces to describe the mistreatment they suffered at the hands of the occupying forces between December 8, 1941, and July 21, 1944, as provided for in section 5 of the Guam War Claims Review Commission Act, Public Law 107-333. The information given will be used by the Commission solely for the purpose of obtaining a better understanding of the extent and degree of the suffering experienced by the population on Guam during the occupation period. In accordance with the Act, the Commission will focus in particular on: Infliction of death; Personal injury; Forced labor; Forced march; and Internment

Important Note: Completion of this questionnaire will have no legal force or effect as an actual or potential claim for compensation. Completion of the questionnaire is strictly voluntary.

Please answer each question accurately and completely. If additional space is needed for any answer, please continue on a separate sheet of paper. If you have questions, please call the Commission at 479-1941 or 479-1942.

1. Name: _____
(Last, First, Middle Initial)

2. Current address: _____

3. Telephone: _____

4. Date and place of birth: _____

5. Place(s) of residence, 1941-1944: _____

6.(a) Was any member of your family killed by Japanese occupation personnel? Yes No

(b) Were you or any member(s) of your family injured by Japanese occupation personnel? Yes No

If you answered Yes to either (a) or (b), please give details:

7. Were you compelled by Japanese occupation personnel to perform forced labor? Yes No

If Yes, please give details:

Re-enter your name here: _____

8. Were you compelled by Japanese occupation forces to take part in a forced march? Yes No
If Yes, please give details:

9. Were you forced from your residence by Japanese occupation personnel and interned in a camp or other facility? Yes No If Yes, please give details:

10. Please provide any other information relating to your experiences during the Japanese occupation that you believe would be of interest to the Commission:

11. Did you file a claim for compensation under the Guam Meritorious Claims Act of 1945?
Yes No

If Yes, please give details, including the amount you claimed and the amount you were paid:

If "No", please explain why not: _____

Signature

Date

**PLEASE MAIL COMPLETED QUESTIONNAIRE TO:
GUAM WAR CLAIMS REVIEW COMMISSION
CHAMORRO VILLAGE, BLDG 15, 153 WEST MARINE DRIVE, HAGATNA, GUAM 96910
OR FAX TO: (671) 479-1943
DEADLINE: NOVEMBER 30, 2003**